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CASE OF PUERPERAL FEVER.

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MRS. K. was confined for the third time, Nov. 5th. Labor natural; duration, about six hours. She gave birth to a female child, weighing 9 pounds. Nov. 8th, at 11 o'clock, A.M., I saw the patient. Her tongue and pulse were natural, and, except a slight soreness of the left nipple, she appeared perfectly comfortable. As she had had no operation of the bowels since confinement, I ordered half an ounce of castor oil to be taken. At 2 o'clock, P.M., of the same day, she was taken with a violent "chill," lasting for half an hour, followed by febrile reaction, with severe pain in hypogastric region and in back. Warm applications and hot teas were given by the nurse. I did not see the patient till the following day,

Nov. 9th, 1 o'clock, P.M., when the following symptoms were noted:—Countenance pallid and anxious. Severe headache. Tongue covered with a thick white coat. Skin hot and dry. Pulse 116, and small. Had not slept any during last twenty-four hours. No drowsiness now. She complained of a sense of "soreness of flesh." There was extreme tenderness in hypogastric and left iliac regions. Abdomen tympanitic. Limbs drawn up. Decubitus, dorsal. She had just had a large discharge from the bowels. Hop fomentations were directed to be applied to abdomen; the room to be kept dark and quiet. A pill, containing one grain of opium and two grains of calomel, to be given every three hours.

10th, 9 o'clock, A.M.—Headache still severe. Tongue red at tip and edges. Had been delirious during night. Pulse 110. Tenderness and pain in abdomen had extended to right iliac region, but were less in degree. There was also some tenderness in left hypochondriac region. Some nausea. She perspired freely during night, but had not slept. Applied cold to head. Gave a

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powder of one grain of opium and one grain of sulphate of quinia every three hours.

3½ o'clock, P.M.—Dr. Bickford, of Charlestown, was called in consultation. Symptoms were same as in morning, except the pulse, which was 100. The powders had produced some nausea and vomiting. The hop fomentations to the abdomen were continued, and a pill, containing one grain of opium and two grains of sulphate of quinia, given every three hours.

11th, 8 o'clock, A.M.—Pulse 90. She had not slept during the night, but was drowsy this morning. Pain and tenderness less in abdomen. Less tympanites. Tongue dry and red in centre, and at tip and edges. The treatment continued. Ordered her clothes, which were wet with perspiration, to be changed with as little disturbance to patient as possible.

12th, 8½ o'clock, A.M.—Pulse 85. Stupor. No pain in abdomen, but some tenderness on pressure. There had been great heat at times during the night, followed by copious perspiration towards morning. Ordered the following: *R* Opii, gr. ss., sulph. quinia, gr. ij., made into a pill, every three hours.

13th, 8 o'clock, A.M.—Pulse 70. Less stupor than yesterday. Has had no sleep. She took a little gruel this morning.

14th, 9 o'clock, A.M.—Pulse 62, small. Tongue red and dry. Abdomen but slightly tympanitic. Had slept at short intervals during the night.

15th, 9 o'clock, A.M.—Pulse 68. She is very weak. Gave a pill containing two grains of sulphate of quinia every two hours.

16th, 8 o'clock, A.M.—Pulse 60. There is less tenderness in abdomen. No headache. Sweats profusely. Directed that her clothes should be changed daily. Discontinued the hop fomentations. Her limbs had been cold during night. Ordered beef-tea and chicken-broth in small quantities at a time, and often repeated.

17th, 10 o'clock, A.M. Pulse 62. Left limb had been cold much of the time during the night. Directed wine whey to be given freely.

19th, 10 o'clock, A.M.—Pulse 80, small and weak. Stupor. She had a dejection last night, since which she has complained of some pain and tenderness in abdomen. Was chilly yesterday afternoon. Gave a tablespoonful of brandy every three hours. Pills as before.

20th, 8 o'clock, A.M.—Dr. Bickford again saw the patient with me. Pulse 75. Had a small dejection last night. Less pain than yesterday, and no stupor. Slight soreness about bowels. Same treatment to be continued.

21st, 8 o'clock, A.M.—Pulse 64. No dejection. Less perspiration. Has taken more broth than before, and ate some milk toast.

22d.—Pulse 68. Temperature has been natural. Gave one grain of sulphate of quinia, in pill, every two hours. Tablespoon-

ful of brandy every four hours. She continued to improve steadily under this treatment, and on the 24th inst. she sat up twenty minutes, and ate some chicken. Appetite returning. The brandy was omitted, and the pills continued less frequently.

26th.—Pulse 70. Appetite good. Ordered an injection of thin gruel. Diet—beef-steak, chicken and milk toast.

30th.—She complained of a disagreeable, foetid discharge from vagina, for which I ordered injections of warm water.

Dec. 7th.—She has dismissed her nurse, and is now taking care of her child. Has a good appetite, and is fast gaining her strength.

December 20th, 1861.

ON THE DIVERSITY OF INFECTIVE MATTER, AND THE DIVISION OF SYPHILITIC FORMS OF DISEASE FOUNDED THEREON.

[Concluded from page 428.]

ACCORDING to the representation of the dualists,* the hereditarily-called syphilitic and venereal ulcers, together with the combined forms of their sequelæ, divide into two *original and therefore really separable* groups, which, in spite of their partial and apparent resemblance, are yet *entirely* distinct in their origin, course and termination; namely, into the group of soft, contagious ulcers—"chancreoid," and that of the hard, infectious ulcers—chancre.

The *soft, contagious ulcer* ("chancreoid") has its seat in the skin or mucous membrane, is single or multiple, often very numerous, arises most frequently from venereal contact by the transfer of pus from similar ulcers within the interval of a few (1, 2, 4) days, and leads to manifest destruction of tissues, according to individual constitution, anatomical seat and external influences, sometimes even to inflammation of the most nearly connected lymph-glands and its consequences (suppuration, &c.), *never, however, to any other affection of other and remoter organs and systems*. Should pus form in the inflamed tissues, it may be inoculated, and thus produce a soft, contagious ulcer, resembling that from which it originated. There are never developed, however, any such sequelæ as to indicate a general affection of the system, *as poisoning or infection of the same*, but in the worst cases even, the contagion is confined within the anatomical limits of the nearest lymph-glands. The pus can, indeed, be transferred to various parts of the skin in succession, but always reproduces there *similar, local* processes, affecting generally, but not always, the neighboring glands, and the whole course of the chancreoid exhibits, therefore, only purely local affections, produced each time by the fresh transfer of the contagious matter, always *contagious* and never infectious forms. There

* I follow, in this sketch of the leading views of the dualists, information which I have obtained both from what has appeared in print, and from correspondence and conversation with them.

is no such thing as a transition from chancreoid to chancre, and what is generally designated as such, is an inoculation of the soft upon the hard ulcer, as will be explained under the "mixed" chancre. The ulcer of this group, the "chancreoid," has the circular form occurring in the syphilides, but a soft edge and a soft base, and retains the latter even during the formation of the cicatrix. It may spread by successive transfer over the surface of the whole body, and may attack the same individual in longer or shorter intervals of time, just as often as opportunity for fresh transfer is afforded.

The *hard, infectious ulcer* ("chancre"), having its seat in the skin or mucous membrane, and generally solitary, is produced by the transfer of pus, blood, or the exudative fluids of syphilitic patients containing these, in the course of from *two to three weeks*, seldom later, and beginning as a *hard*, uncircumscribed infiltration, which softens superficially at points, presents some resemblance to the soft ulcer in the sharply-defined, though chiefly shallow loss of substance (desquamation), and separation of thin pus. Once existing, the hard chancre never inoculates itself, *as such, further upon the same individual*, and acute inflammation of the glands (formation of pus and abscesses) in its neighborhood does not, *as a rule, occur*. On the other hand, there is developed in all the most intimately connected glands a hard infiltration, entirely or nearly painless. Similar processes affect, by degrees, the more distant groups of glands (in the region of the neck, shoulder, arm and elsewhere), accompanied by the outbreak of sharply-defined forms of disease upon the skin and mucous membrane (spots, papules, pustules, nodules, &c.), which generally receive the name of secondary syphilis. Additional affections of other organs and systems follow, and, like the eruptions, have the character of a general disease of the organism in the feeble support afforded them and the weakness of its own functions; in other words, they are caused by the *infection* of the nutritive fluids of the general system. The hard chancre has a circular form, hard border and base, and often retains this hardness in the cicatrix also for a long time. The destruction of tissue caused by it is generally only shallow and superficial, resembling a slight epithelial desquamation, and attended by the secretion of pus, thin and like the blood serum. The hard chancre, just as the sequelæ of general syphilis, attacks the same individual but once in life, never more. It is no farther inoculable upon the person bearing it, and just as little upon any body else once affected by a hard chancre. There is no such thing as the transition of a soft into a hard chancre, but the latter is hard from the beginning, nor of a hard to a soft chancre.

Were the above-given illustrations of the dualists capable of such a simple and clearly-defined demonstration by each observation on patients, the knowledge and division of these forms of disease would be quite as simply and closely settled; but in at-

tempting to harmonize these leading views with results drawn from the observation of patients from one case to another, there arise many doubts, which deserve further notice.

1. One observes cases of ulcers, which, at the beginning simple and soft, in course of progression *only gradually become hard*, while by degrees the nearest and then the more remote lymph-glands become affected, precisely as in the development of general syphilis, the forms of which, in fact, finally show themselves upon the skin and mucous membrane. Such cases appear not unfrequently, and without question follow precisely the above method of development. Accurate knowledge of single cases renders it positive that there has been no previous or contemporary disease, from some hard chancre, perhaps unobserved, and that no eventual softening of a hard cicatrix and destruction of tissue have given rise to any delusion or mistake as to the real form. The suspicion, also, of any subsequent transfer of infectious matter from a hard chancre upon a soft one fails. Of much more weight are these observations when founded upon cases in which a first and single connection afforded the only opportunity for the transfer of ulcers upon a previously entirely healthy individual, and the first sign of the transfer of the *soft* ulcer appeared during the first few (1 to 4) days, which was followed by the above-mentioned appearances of gradual induration and of general syphilis.

2. Cases occur, moreover, in which the soft ulcer becomes covered by the formation of a soft cicatrix, which latter *subsequently hardens*; also other cases in which the scar itself does not harden, but the *most nearly-connected lymph-glands*, as such, or in their cicatrices (with or without previous abscess-formation), become indurated, and subsequently the nearest and gradually the most distant lymph-glands are affected in a similar manner, while the remaining symptoms of general syphilis succeed just as after an indurated chancre. If, indeed, some isolated cases of this sort do allow other explanations of the cause of the syphilis, on the other hand others have been investigated with so much accuracy after the removal of all doubtful influences upon diagnosis and delusions in regard to origin, as to admit of no other explanation than that already given; viz., that *only gradually* an indurated infiltration is developed in the cicatrix and in the gland, just as in the ulcers. Induration of the scar of the primary, as well as of the glandular ulcer, takes place, and the gland itself introduces, accordingly, general syphilis.

3. Finally, one sees simple, soft ulcers, which, appearing soon (2 to 8 days) after connection, are followed at first by *similar* ulcers, subsequently, however, merely by the formation of pustules and papules. This process is observed most frequently, in women, on the labia, especially the larger, and the immediate neighborhood (perinæum, anus, folds of thighs, &c.); still also, in men, on the edge of the prepuce, the scrotum, anus, &c. *Gradually*, but

generally later than in the case of the hard chancre, *there are developed a universal affection of the glands and the same general symptoms which constantly and regularly follow the indurated chancre* (see *Weiner Mediz. Wochenschr. Jahrgg.*, 1860, Nos. 14 and 15). We allude here only to cases in which the first affection, the absence of hard chancres or scars, the possible later contamination of the soft ulcers with the infective matter of general syphilis, are beyond question, and I would expressly state that the formation of ulcers, pustules and papules referred to is by no means that produced by the contact of gonorrhœal matter.

4. There occur ulcers and cicatrices *with indurated base*, which are not followed by the subsequent affection of the glandular system and general syphilis, as in the case of syphilitic chancre. Such indurations are formed upon the prepuce, the outer integuments of the penis, and the scrotum, especially after cauterization, and generally in cases of protracted cicatrization, in anæmic individuals, even after simple injury, and one would be sadly in error if, judging *from the hardness alone*, he should attribute the character of the ulcer and its sequelæ to a real "*syphilitic*" contagion.

From all that has been said, then, it follows, that the beginnings of the simple contagious and the infectious ulcers are *not always* so characterized; moreover, that the appearances are not at all so sharply marked, as the theory of dualism represents; that, consequently, the diversity of the infective matter cannot always, or in the majority of cases even, be certainly determined from the *first* appearances at the point of transfer; that this one-sided view cannot always be used for positive diagnosis and prognosis, and, consequently, especially in the first stages of the disease, may lead to incorrect diagnosis and prognosis, and that, on the contrary, this can only be accomplished correctly and unmistakably by long-continued observation. In the present state of our knowledge we cannot say decidedly more than that there is a dualism of form; whether and how the same is to be explained, *with truth*, by a dualism of contagion, does not yet satisfactorily appear, in spite of the ingenious arguments and theories offered, and investigations in regard to it are still to be continued, before we can come to any conclusion founded perfectly on facts.

For two years the dualists have endeavored to meet all doubts, scruples and objections, with the theory of "*mixed*" chancre. Thus they are accustomed to call that ulcer, which, with a more abundant formation of pus, and a deeper softening of tissue, appears within a shorter space of time after the transfer than the hard (real) chancre, and on the other hand allows an immediate re-inoculation (within 1, 2, or 4 days), as in the case of the soft ulcer, but which gets a hard edge and base, and leads to the formation of a hard cicatrix, and finally exhibits, in succession, the affection of the glands, and other universal sequelæ of syphilis, as the one produced by the hard chancre. This "*mixed*" chancre,

therefore, is only a *variety of the hard*, which it resembles both in course and termination. It is produced either by inoculation from a similar "mixed" chancre, or by the simultaneous or subsequent transfer of the pus of a soft chancre upon a hard one already existing; which, in fact, happens when an individual can exhibit together with a soft chancre a hard one. Really, therefore, the mixed chancre follows the process of development, which was represented in the description of the primary ulcer as the gradual transition from the soft to the hard chancre. At first it is, afterwards it *appears to be* merely a soft chancre, and finally it becomes an indurated one, although for a satisfactory and infallible diagnosis the signs of the same are not sufficiently pronounced until the affection of the lymph-glands becomes apparent. *If pus alone is inoculated, a soft ulcer is the only result, but if at the same time blood is also transferred, then there results a transposition of true syphilis, chancre (hard), papules, &c.* This special interpretation of a process occurring frequently in life is of very great importance, especially in vaccinating with cow-pox from syphilitic persons. *If this sort of double transfer from a mixed chancre can be confirmed in all these disputed cases, then the last important objection against dualism falls to the ground*, because by it all processes, of however mysterious character, are capable of simple solution. *Unfortunately, however, the observations necessary to it are far from being satisfactorily determined.*

The supposition of a "mixed" chancre is a very ingenious and especially convenient idea for the theoretical explanation of the processes accompanying and following the transfer, but this latter is by no means more clearly or easily understood on that account. The great similarity of the symptoms of the mixed with those of the soft chancre, especially during the first stage of the ulcers, will not often allow again of a safe diagnosis. In such a case the observer not unfrequently finds it impossible to give an unquestionable judgment, and is again obliged to fall back upon a *continued observation of the process*, in order to be able finally to pronounce in regard to the diagnosis within a certain, definitely known time, otherwise than with more or less probability. Even the most expert observer among the dualists must acknowledge this fact of every day experience, and consequently admit that dualism has won indeed a very handy and convenient, but at the same time an ambiguous and double-cutting weapon in the idea of the "mixed" chancre, also that by it theory itself has lost in keenness and clearness, and practice in certainty and firmness.

All things considered, then, the dualists often, nay chiefly rely upon continued observation of the appearances in the beginning and course of syphilitic forms in order eventually to determine their division. They agree with us in this most important of all ground of classification, viz.: that *only those forms are to be looked upon as belonging to the general affection, in which the special disease*

of the lymph-glands shows and has shown itself in the way already earlier determined by us. So far could we also acquiesce without opposition in their explanation of the process by the theory of two contagions without really changing our present opinion and the division of forms founded therein. *It appears to us, however, that no especial advantage is to be gained for the inquirer or practising physician by joining either party in the controversy.* It is much more their duty to continue the observations in regard to the existence of the "mixed" chancre and the forms produced by it, and to learn to know better the relations of this mongrel form. Observations of this sort rank among those, which have been made on forms produced by the mixture of infective matter with the secretion of chancres, and lead to the conclusion that such mixtures *appear* to play the most essential part in mitigating the forms of the hard chancre, the papule and pustule, especially in women.* The inoculation with the infective matter of the soft chancre upon a papule produces an ulcer entirely like the mixed chancre, and on the other hand the scar of the mixed chancre often resembles the papule. On this account the identity of the processes was thought proved, which we have repeatedly, and especially lately (see *Mediz. Wochenschr.* 1860, No. 14), described circumstantially as the forms of development of the *general* affection, without any hypothetical inferences as to the relations of the contagious matters, a theory from which we expect nothing profitable either for student or practitioner, so long as the signs of their influence are not more definitely and unmistakably evident *from the very beginning.* Nevertheless we approve the conclusions, which the dualists have drawn from their theory, because *before it was announced* we had arrived at the very same in the course of continued observation upon patients. This applies especially to the origin, spread and return of contagious ulcers upon the same individual, the non-infection of the system resulting therefrom, and the treatment of the same. Moreover, we have seen the soft form run a distinct course in presence of the hard chancre, and never any inoculation from the latter *repeated* upon the same individual; from which we conclude that only soft, contagious ulcers are capable of development upon a person once affected with syphilis.

In regard to single conclusions, as, for instance, that of the inoculation of syphilis by vaccination, repeated observations are still necessary.† If, however, further observation confirms the

* By this we refer to the fact that forms transmitted by those secondarily diseased, viz., by inheritance, are of a milder character.

† Dr. Viennois looks upon this manner of transporting syphilis by vaccination as entirely different (De la Syphilis transmise par la Vaccination, *Arch. Gén. de la Méd.*, 1860, Jun.). Where merely lymph is taken from the syphilitic without any admixture of blood, syphilis is never produced upon the vaccinated; it is produced, however, only when in taking the matter there is an escape of blood, and this blood is inserted at the same time with the former. It is not the lymph, therefore, but only the blood of the bearer of the infective matter, just as in the mixed chancre it is not the pus but the blood which produces like results. This declaration, as simple and credible as it appears, needs longer continued and more searching investigation in consideration of the many facts it is intended to explain. Dr. Viennois has given, among others, the experiments on vaccination made in my clinique, although in a manner entirely wrong, inasmuch as he attributes to me the

statements and theory in regard to the mixed chancre, as well as the conclusions based upon it, there remain no longer any grounds of objection to the practical value of dualism.

From all that has been stated there result the following *conclusions*:—Transferences of such infective matters as are followed by *syphilitic* forms of disease, produce changes in the skin and mucous membrane, exudations, ulcers, which, *in the beginning*, are entirely alike, or so nearly resemble one another that they cannot be distinguished with certainty. *Only in the course of their progress* do the signs become more evident, by which a definite separation is denoted. The exudations and ulcers, which *rapidly* develope after the transference with soft base and edge, occasionally followed also by an acute inflammation of the lymph-glands, find their whole existence in this short affection of a portion of the skin and glandular system, without affecting the organism farther; *a purely local, contagious process* ("chancreoid"). Others, again, make their appearance at a *later* period after the transfer of the infective matter, exudations and infiltrations (ulcers and pustules), with indurated base and edge, and with similar infiltration of the neighboring and remote lymph-glands, and more gradual affections of other systems and organs; *a process only in the beginning purely local and contagious, but subsequently infectious* ("chancre").

The first constant and permanent appearance on which such a definite separation is founded, is the infiltration of the lymph-glands, beginning with those most nearly connected with the point of transfer (viz., the exudation or ulcer), and gradually proceeding to those farther and farthest remote. This affection distinguishes the infectious from the simple contagious forms; *for without such an affection of the glands general syphilis never exists*. The interval within which this progressive infiltration is developed extends at the utmost to the twelfth week, reckoned from the day of transfer, but in the great majority of cases this symptom begins by the third, and is at its full development by the fifth or sixth week. The infiltration is followed by *sharply defined* hyperæmiæ of the skin and mucous membrane and exudations, which are comprehended under the term "*secondary*" forms of disease ("general syphilis"). The theory of two groups of disease really differ-

observation that the vaccine virus is destroyed by the syphilitic virus; I have never given such an opinion. Mixtures of pus from *primary soft ulcers* with vaccine lymph have always produced, when inoculated upon those *already secondarily diseased*, appearances of the soft, primary chancre (pustules in 1, 2 or 4 days, and subsequent formation of ulcers); and as this runs the course of all other chancres, I have concluded that the result of such a mingling of vaccine lymph and pus from chancres is only chancre and never vaccination. It was, moreover, quite impossible to confound the process of the development of the pustule of chancre with that of *em-pox*, inasmuch as I referred especially to the time and manner of development, and the form and course of both processes. These experiments, moreover, were merely intended to show that with only a moderate degree of caution in vaccinating, the inoculation of a chancre cannot take place. Now Dr Viennois is considering an entirely different question, viz., *the transference of syphilis from those secondarily diseased*, or in the sense of the dualists, *of true chancre-syphilis*, while I have been concerned about the transfer of the *primary*, simple, soft chancre upon persons affected with secondary syphilis. I have never inoculated non-syphilitic persons, and am acquainted, therefore, with no facts bearing upon this point. Whether in vaccinating from those secondarily diseased the transfer is accomplished by the admixture of blood *alone*, and not by the pus also, is a question yet to be determined, and more numerous and reliable facts must be offered in its support before this view can be received as a guiding principle.

ent from one another is founded on clinical observation, and the recognition on the same ground of two entirely different infective matters follows from such observations, both by induction and analogy. The processes of these affections are certainly explained much more simply and conclusively by dualism than by any other theory.

Continued observations are, however, still necessary, in order to so settle the relations of the "mixed" chancre more thoroughly, and to determine its symptoms and characteristic features, that they may serve for the purposes of diagnosis and prognosis from the first. Until these signs, however, are discovered, and especially the conjectures in regard to supposed mixtures and mitigation of the infective matter are submitted to more searching scientific investigation, it is certainly judicious to hold to our old opinions and divisions into primary and secondary affections, especially as these *are in reality identical* with the terms "chaneroid" and "chancre."* The unreserved recognition of the duality of contagious matter does not in reality change at all the main groundwork of our diagnostics and prognostics, and quite as little, accordingly, the stand-points of our prophylactics and therapeutics. The treatment will continue to demand simply local remedies for purely local symptoms, while, on the other hand, appearances which point to a diseased condition of the blood, as well as of various organs and systems, must in part be left to their unalterable course, and in part be attacked with such remedies as appear most beneficial in individual cases. At all events it is in the mean time indicated, that we should reserve the term syphilis exclusively for the secondary and general affection; and until specialists do apply this accurate term *solely* to this group, nothing can be gained for science or mankind in general in the way of clearing up the confused notions in regard to syphilis. Our special essays, the language of physicians, and consequently that of our statute books, discriminate in this respect with so little accuracy, that the erroneous opinions and judgments in regard to syphilis among educated non-professional men, to say nothing of the public in general, should not seem strange to us.

The same ignorance and confusion of opinion explains why we have always sought and thought to have found a *single* remedy for syphilitic affections; why on the one side a single method of treatment is unreservedly spoken of, whereas only the known general laws of dietetic relations and of therapeutics, mechanical and chemical influences must determine the treatment in any particular case, either of gonorrhœa, or of the contagious or infectious forms, and only the more speedy, mild and sure single remedies and methods can

* As soon as the separation of groups into chaneroid and chancre as entirely distinct processes is accepted, we can only apply the expression "primary" and "secondary" form to each group with a *separate* signification, and primary or local is then synonymous with the affection at the point of transfer in both, while secondary, in the case of chaneroid, signifies again merely a *local*, in chancre however a *general* affection.

be recommended, especially in such cases. The most convenient for themselves, but at the same time the most destructive for science and humanity, has been the action of those who call gonorrhœa, the primary, secondary and pseudo-syphilitic forms, summarily and connectedly syphilis, ascribe the appearances to one cause, praise their own "specific" treatment and "their method," and because they have united so many things in the circle of their syphilis, claim to make as universal a cure.

Bibliographical Notices.

A Treatise on Diseases of the Joints. By RICHARD BARWELL, F.R.C.S., &c. &c. Illustrated by Engravings on Wood. Philadelphia. 8vo. Pp. 463.

THIS is the first American edition of this work, which was published less than a year ago, but we believe that it has already, in England, reached a second. The subject is one on which much has been written, but of which too much cannot be given us if it be good. The liability of the joints to specific disease early attracted the attention of surgeons, and more than three hundred years ago Budæus devoted an essay to it, contained in a small 12mo volume, but from his time down to what we may call our own, but little had been written that is worth preserving on our shelves, until Mr. Brodie, since the great Sir Benjamin, gave a series of papers in the *Medico-Chirurgical Transactions*, which, afterwards enlarged upon and re-written, and published in 1818 in an octavo volume, made his great work entitled "Pathological and Surgical Observations on the Diseases of the Joints." This, we believe, was the first monograph specially devoted to the subject. Since then—counting good, bad and indifferent—there has been no lack of such works, and yet the one before us occupies a place of its own. It does not, like Astley Cooper's book, consider injuries of the joints, or affections which are common to them and to the bones, but it confines itself closely to those diseases which are peculiar to the various structures entering into the construction of the joints, whether purely local or constitutional, or the result of an accidental diathesis.

The first chapter, of some twenty-five pages, is devoted to an admirable preliminary exposition of the physiological Anatomy of the Joints, and, though containing much that is trite, it is a very fitting commencement in the way of reminder to what follows. To give an idea of the scope of the whole work, we may enumerate the heading of the chapters in the order in which they occur:—Acute Synovitis; Acute Rheumatism; Pyarthrosis; Strumous Synovitis; Rheumatic Synovitis; Other Forms of Chronic Synovitis (Syphilitic, Gouty, Simple); Hydrarthrosis; Loose Cartilages in the Joints. These the author considers as beginning in the joint itself, and therefore forming a distinct group from those which follow, and which he considers as commencing in the bone, viz.: Acute Articular Osteitis; Strumous Articular Osteitis; Chronic Rheumatic Arthritis (Osteitis); Inflammation and Degeneration of Cartilages; Hip-joint Disease. The last four chapters, though left under the last head, cannot be considered as be-

longing to it, being given to Affections of Synovial Sheaths and Bursæ in the Neighborhood of Joints; Hysterical Pseudo Disease; Restoration of Mobility and Conformity to Crippled Joints, and the last on the Removal of Diseased Joints.

To notice a few of these chapters. The one on Acute Rheumatism we consider unsatisfactory. It is too long for the mere incidental mention of points of pathology that it gives, and yet very much too short as a treatise on the subject, and we would have preferred that so much space should not have been given to comment, or rather to criticism upon Dr. Todd's views.

The next chapter, on Pyarthrosis, is an interesting, though we are forced to confess an unsatisfactory one. It gives facts that, grouped with others and increased largely in number, may serve as a basis for explaining the morbid phenomenon in this hitherto very puzzling disease.

What we consider the most valuable parts of this work are the portions given to scrofulous diseases of the joints. These are largely illustrated with cases, and many still farther by wood cuts. The cases, too, are concisely stated, giving all that is necessary to enable the reader to form a clear idea of the condition of the patient, and very little of anything superfluous or confusing. To sum up this brief notice of Mr. Barwell's book, we find it patiently written and carefully put together, and, without presenting anything very new or original, yet furnishing us with much that is highly instructive, and which we could not get in such a form elsewhere.

Notes of the Surgery of the War in the Crimea, with Remarks on the Treatment of Gun-shot Wounds. By GEORGE H. B. McLEOD, M.D., F.R.C.P., formerly Surgeon to the Civil Hospital at Smyrna, and at the Camp before Sebastopol, &c. Philadelphia: J. B. Lippincott & Co. London: John Churchill. 1862. pp. 403, 12mo.

This timely publication is a record of the surgical experience in the war of the Crimea. It is comprehensive, as it commences with a sketch of the history of this hitherto mysterious peninsula, with its physical characters, climate, &c., and some account of the natives and their diseases. The author then goes on, after some account of the camp life of the army on the plateau before Sebastopol, which is suggestive and full of interest, and considers the subject of gun-shot wounds and their treatment, not omitting the somewhat hackneyed one of chloroform, of which, by the way, he speaks in terms of the most perfect confidence, as do military surgeons generally. Only one unequivocal case of death occurred from its use in the English army. With reference to its employment in surgical operations, he makes the following excellent remarks:—

"I think I have seen enough of its effects to conclude that if its action is not carried beyond the stage necessary for the operation, it does not increase the depression which results from injury, but, on the contrary, supports the strength under operation." The objections made to its use seem to have been restricted to two classes of cases, viz.: "trivial accidents, in which it was thought unnecessary to run the risk of giving it, and amputations of the thigh, in which a fatal accession of shock was feared;" objections which our author regards as of little practical importance.

An Appendix is added, which contains much valuable information in the form of statistical tables, showing the mortality following the greater amputations for gun-shot wounds and accidents, together with a *résumé* of M. Scrive's work on the French losses in the Crimea, and of the report of the British government on the surgery of the war in the Crimea. The book is well printed, and will be a useful addition to the literature of military surgery.

Epileptic and other Convulsive Affections of the Nervous System, their Pathology and Treatment. By CHARLES BLAND RADCLYFFE, M.D., Fellow of the Royal College of Physicians; Physician to, and Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, &c. Third Edition, incorporating the Gullstonian Lectures for 1860. London: John Churchill. 1861. 12mo. Pp. 312.

THE object of this treatise is to show, that muscular contraction, so far from being called into action by an exercise of the nervous power, is in reality the result of the temporary withdrawal or interruption of that power; that the muscular system is not excited or stimulated into action, but is held in a state of polarity during relaxation, "and that contraction is nothing more than the necessary result of the muscle being liberated from this state and left to the operation of the attractive force which is inherent in the physical constitution of the muscular molecules." Thus ordinary muscular contraction differs in nothing except in degree from the stiffness of *rigor mortis*, the latter being only the extreme degree of the phenomenon, and being most marked on account of the entire withdrawal of the controlling nervous power. The author's theory is ingeniously supported by reference to numerous experiments of modern physiologists, and physiological electricians, and the argument is still further sustained in his application of it to the various phases of convulsive diseases. The work bears on every page the marks of the studious thought of the author, and is worthy of the most careful consideration.

Lectures on Materia Medica and Therapeutics, delivered in the College of Physicians and Surgeons of the University of the State of New York. By JOHN B. BECK, M.D., late Professor of Materia Medica and Medical Jurisprudence. Prepared for the Press by his friend C. R. Gilman, M.D., Professor of Obstetrics, &c., in the College of Physicians and Surgeons, N. Y. Third Edition. New York: Samuel S. & William Wood. 1861.

THIS standard work is too well known to the medical profession to require an extended notice from us. As a text-book, its value is universally acknowledged. It is to be regretted, however, that the editor has not thought it necessary to make larger additions in the present edition than he has, to bring the work up to the standard of medical requirements at the present day. There is such a thing as being too conservative, and the fear of embodying in a permanent work remedies of ephemeral popularity may exclude some of real value. We regard it as highly important for the young practitioner to be prepared to employ the newest forms of remedies already in repute, as many of them are more agreeable in their administration than the crude drugs or the old familiar preparations of them. The fluid extracts, for instance, of which so many are in use at the present time, we do not

see any allusion to. The great power of the *veratrum viride* as a sedative to the circulation, and that of the oxide of zinc in checking profuse perspirations, we find are not spoken of in treating of these drugs. Chlorate of potash, which is so largely employed at the present day, and which comes as near being a specific as any remedy in the pharmacopœia, and is certainly a most useful one, is not even mentioned. In treating of the action of poisons, such as arsenic, strychnine, corrosive sublimate, the narcotics, &c., from which accidents are liable to arise by being taken in an over-dose, or which may be given with malicious intent, we think it would have been well to have appended an account of the antidotes for these agents; but we have not found this in a single instance. In the preface to the second edition, we see that the editor thought it necessary to bring up the book to the state of knowledge on the subject of the *Materia Medica* at the time it was published. In the present edition he does not seem to have thought it important to make similar changes and additions. We regret this, as it detracts very much from the present value of a most excellent work. In future editions, we hope a different course may be pursued.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., Fellow of the Royal College of Physicians, Examiner in Midwifery at the Royal College of Surgeons of England, Physician Accoucheur to St. Bartholomew's Hospital, &c. &c. Second American, from the second London edition. Philadelphia: Blanchard & Lea. 8vo. Pp. 483.

THE medical public will be glad to hear of a new edition of this standard work on diseases of women, a treatise already well known on both sides of the Atlantic. Although the work is comprehensive, diseases of a purely surgical nature are not comprised within its scope. The subjects treated of will be found full of practical wisdom, the result of large experience, and of course cannot fail to meet a want which no other similar treatise so well supplies. The book is printed in the usual good taste of all that issues from the press of Blanchard & Lea.

On the Use of Anæsthetics in Midwifery. By B. FORDYCE BARKER, M.D., Professor of Midwifery and Diseases of Women in the Bellevue Hospital Medical College, and Obstetric Physician to Bellevue Hospital. New York: S. S. & W. Wood. 1861.

IN this short treatise on the use of Anæsthetics in Midwifery, the author arrives at the following conclusions, which he offers as a basis for discussion at the New York Academy of Medicine, before which body the paper was read:—

“1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

“2d. It exerts no injurious effect, when properly administered, upon the health of either the mother or the child.

“3d. It is perfectly justifiable to use chloroform in natural labor, solely for the purpose of relieving pain.

“4th. It is especially useful in calming the extreme agitation and mental excitement which labor often produces in very nervous women.

“5th. It should be administered in those cases of natural labor, where the progress is much suspended or much retarded by the pain oc-

casioned by previous diseases, or such as may supervene during labor, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance the labor.

"6th. It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perinæum, in certain forms of puerperal convulsions, and in the various obstetrical operations."

Army Medical Intelligence.

THE following are extracts from letters received at the Surgeon-General's office, within the past few days, from Massachusetts surgeons at the seat of war:—

To the Surgeon-General. { HEAD QUARTERS WADSWORTH'S BRIGADE,
 { UPTON'S HILL, VA., Dec. 17th, 1861.

DEAR SIR,—Three months experience in the 9th Reg't, Mass. Vols., is somewhat remarkable, on account of the absence of mortality, the small amount of severe sickness, and the kindly character and fortunate results of the wounds received. From June 11th to September 11th there was no death in the regiment, with the exception of two cases of accidental drowning. In July and the first part of August, diarrhœa and dysentery, in a mild form, were the prevailing diseases. Subsequently, the regiment encamped in a forest, near Arlington, Va., where was a large accumulation of decayed vegetation, which, being disturbed, undoubtedly gave to the atmosphere a malarial influence; for sickness of a malarial character soon manifested itself, and became the predominating trouble. Sometimes distinct chills would usher in the sickness, but more frequently complaints were made of general malaise, pain in the *bones*, furred tongue, and more or less of a cold stage. These symptoms were generally attended by more or less bilious derangement. Mass. hydrargyri, and black draught, followed by sulphate of quinine, were the usual prescriptions, and the trouble would ordinarily pass away in a few days. Surgeon Tripler, Medical Director of the Army of the Potomac, told me, soon after our tents were pitched, that he regarded a forest next to a swamp for producing malaria.

James Malcom was shot from a wood, while on drill. The ball entered the heel just below the external malleolus, passed around the os calcis, and was felt in the bottom of the foot, at which place a counter opening was made and the ball extracted. After a somewhat protracted lameness he walks as well as ever. Edward Collins, at the same time and place, had a bullet pass through the calf of the leg. Recovery complete.

Lieut. Hanly had his thigh transfixed with a sabre. The whole tract of the wound, six or seven inches in length, healed by first intention.

A soldier, while on picket duty near Upton's Hill, was shot in the right breast, the ball entering near the nipple, and following the ribs, took its exit about six inches from the point of entrance, without entering the cavity of the thorax. Recovery complete. At the same time, his companion in arms was shot in the head, tearing his hat badly, but only slightly abrading the scalp. Another soldier was shot in

the arm, near Ball's cross roads, producing compound comminuted fracture of the humerus. The recovery is good. At the same time and place, his fellow received a ball directly over the spinous process of the tenth dorsal vertebra, which did not enter the body, but was deflected, leaving a sloughing sore, and evidence of shock to the spinal marrow. One of the waggoners was accidentally shot by another. The ball fractured the inferior maxillary bone and divided the internal carotid artery. Assistant Surgeon P. A. O'Connell was near, and controlled the threatening hæmorrhage immediately, and, with the assistance of one of the surgeons of the 2d New Hampshire regiment, tied the common carotid. The case has done well.

Respectfully yours,

PETER PINEO,
Brigade Surgeon.

To the Surgeon General.

{ CAMP NEAR MUDDY BRANCH,
Dec. 20th, 1861.

DEAR SIR,—Since our removal to this camp we have taken possession of a house for hospital purposes, about one mile from camp. This house has been used for this purpose during the past summer by Gen. Banks's division, and recently evacuated on their removal to Frederick. They left with us two patients, one wounded in the leg, the other with typhoid fever, both now doing well.

We have discharged some twenty men recently by reason of disability, leaving us in better effective condition; but we have yet a few more whom we shall be obliged to discharge for the same cause. Very few of these men were suffering from disease contracted since entering service, but were enlisted by recruiting agents without sufficient and thorough examination.

Eighteen are now in hospital. One case of typhoid fever, and one of phthisis, besides the two from New York, mentioned above.

Our Regiment received a welcome accession, a few days since, by the arrival of Capt. Devereux with 120 men. These are mostly fine looking men. A more thorough examination, however, would have caused the rejection of two or three who are physically disqualified.

The 19th Regiment probably occupies more *territory* than any other in the army of the Potomac. We have 12 miles of the river to picket, besides "occupying" Rockville with a sufficient force, having a guard at Darnestown, pickets at important points on the principal roads, and a detail of 160 men engaged in building block-houses at various points on the river. These buildings are not merely for shelter, but are built for purposes of defence, and are calculated to stand a siege. Much labor and skill are required in their construction.

We are yet living in our old tents, though the ingenuity of the men has been exercised in making such improvements, that they are now better sheltered than before. Some companies are living in log huts of their own construction.

Dr. Willard, I am glad to say, has returned to the regiment, and we are now living together under canvass, and expect to continue so to live during the winter.

With much respect, and appreciation of your efforts in forwarding the interests of the medical department of our Massachusetts regiments, I am, with Dr. Willard, who sends his regards,

Yours very respectfully,

I. FRANKLIN DYER,
Surgeon 19th Mass. Vols.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 2, 1862.

IN the bill recently introduced into Congress, touching the re-organization of the medical corps of the army, such changes and modifications are proposed as will meet with the general approval of the profession. The position and relative rank of our army medical officers have never been what the character of the service demands, and no time could have been more fitting than the present for placing this branch of the public service on a footing more consonant with its own dignity, and which will give it an efficiency it has not hitherto possessed.

A feature of the bill that we would particularly mention here, is that which relates to the organization of a sanitary body, which is to have supervision of all measures sanitary and hygienic. What has hitherto devolved upon a commission barely recognized by the government, whose members are without rank, and whose compensation is not at all commensurate with the importance of the services rendered, it is proposed shall be assigned to a corps of medical officers appointed from the army by the President, and who shall have a rank befitting gentlemen of scientific attainments in the regular service of the government. The bill provides that the chief of this department shall be styled the Sanitary Inspector General, with the rank of Colonel of Cavalry, who, under the Director General, shall have supervision of all that pertains to the sanitary condition of the army. Acting under this officer, provision is also made for six Sanitary Inspectors, with the rank of Lieutenant Colonel of Cavalry; all to be selected from the army medical corps. Under such an organization, it is obvious that a degree of efficiency would be attained, impossible under the present arrangement. In the first place, there seems to be no good reason why everything relating to the health of the army should not be entrusted to competent medical officers, those who by their education and training are able promptly to consider and decide all matters which come legitimately before them. Without intending the slightest reflection upon those non-professional gentlemen who constitute so active a portion of our present commission, we are nevertheless convinced that a more efficient system is possible, and one in which there would be less liability to those misunderstandings and jealousies not unlikely to arise between military and civil officers whose duties lie in a similar direction. A regimental surgeon might readily be supposed to regard as unwarrantable any interference with his official duties, unless it should come in so unquestionable a shape as to give it a show at least of professional weight and authority. On the other hand, to obey the command of a superior, would be a duty which every military officer at once recognizes. And here, in the second place, appears the necessity of conferring such rank on the sanitary inspectors as shall be commensurate with their responsibilities and the relations they must necessarily sustain to other medical officers. The importance of this has not been overlooked in the draft of the present bill, which,

should it pass, will at once secure to our army medical department a position and basis honorable alike to the profession and to the government.

WE regret to observe that our intelligent and esteemed cotemporary, the *British American Medical Journal*, has re-printed, with some expressions of belief in the statement, the newspaper story, based on the authority of a gossiping letter writer, that the notorious Tumblety has obtained a medical appointment on the Staff of Gen. McClellan! It is somewhat trying to our patience to have to refer to such an absurdity, and it is not a little annoying that so well-informed a journal should be willing to accept it as possible. We will state, however, for its enlightenment, that in the United States service there is no such office known as staff surgeon, and consequently no medical man could receive such an appointment. Secondly, no appointment of assistant surgeon in the army can be made without subjecting the candidate to a most rigid examination; and no appointment of surgeon is made without the candidate has served five years as assistant surgeon. Our cotemporary will find full information on the subject of such appointments in the U. S. Army and Navy, in Professor Hamilton's "Treatise on Military Surgery," a work recently noticed in its pages, in the Appendix, on pages 220 and 222. Neither in the volunteer department of the army could such an appointment have been made. The gentlemen of the medical staff of the volunteers are, as a body, highly competent for the offices they fill. Many of them have been for years respectable practitioners, and none have received their commissions without passing a thorough examination. Among the surgeons to the three months' troops there were doubtless a few unworthy persons, but the exigency of the moment did not admit of the careful supervision which has since been exercised in these appointments. The community is feelingly alive to the importance of this matter, and no incompetent person would for a moment be allowed to retain so responsible a place.

VERMONT ASYLUM FOR THE INSANE.—From the twenty-fifth annual report of the officers of this institution, located at Brattleboro', we learn that it is in a highly satisfactory condition. The health of the inmates appears to have been more than ordinarily good, and the recoveries have been numerous. From the report of the superintendent, it appears that 576 patients enjoyed the benefits of this institution the past year. There were 436 remaining at the commencement of the year; 140 have been admitted; 138 have been discharged; and 438 now remain, of whom 230 are males and 208 are females. Of those discharged, 56 recovered. Since the opening of the Asylum, 3,308 have been admitted, and 2,870 have been discharged. Of the 2,870 discharged, 1,547 have recovered.

The remarks appended to Dr. Rockwell's report are brief and pertinent, and confirm the statement of the Trustees in their report, that "success has attended the operations of the institution."

CÆSAREAN OPERATION.—Professor Gogefroy describes a successful case of Cæsarean operation lately performed by him. He has operated four times, and this is his first successful case. He attributes the recovery to the early period of the operation. The advantages of ope-

rating early—if possible, before the rupture of the membranes—are great. The incision into the uterus is, in such a case, much diminished by the contraction of the uterus; in this case, for example, it contracted from about ten to five *centimètres*. Besides injury to the womb and bladder, the consequence of prolonged labor is thereby prevented. The practice, the professor adds, of three nations illustrates this point. The Germans, who operate early, save many females; the French, who delay, save fewer patients; and the English, who only operate *in extremis*, lose almost all their patients.—*British Med. Journal*.

PODOPHYLLIN AS A SUBSTITUTE FOR MERCURY.—This article, the active principle of the *podophyllum peltatum*, *May apple*, or *mandrake*, is just now coming into notice among our transatlantic neighbors, as a substitute for mercury. The suggestion of its use came, however, it is said, from an American oculist, who, in 1854, when about to leave the English shores, placed his daughters under the care of a celebrated physician, and gave the latter a bottle of this remedy, which he requested should be prescribed instead of mercury, whenever a mercurial was required in their case. Following this suggestion, the physician has used it continually since, and thus speaks of its administration and effects. If given in quarter-grain doses, twice a day, combined with opium, to check its aperient action, and continued for a few days, profuse salivation will occur, with, however, [no?] fetor of breath, or ulceration of gums. This, however, rapidly subsides on discontinuing the medicine. It is very slow in its action, often ten or twelve hours, but in the following combination induces one or two copious stools, attended with the sensation of the bowels having been thoroughly emptied, and without tenesmus:—*R.* Podophyllin, gr. j.; pulv. rhei, gr. ix.; pulv. capsici, gr. ij. *M.* Ft. pil. iij. *S.* one or two. This for an ordinary aperient. Its action on the liver, if given in small doses, may be as much relied on as mercury, while the effects upon the system generally are, by far, less injurious.—*Medical and Surgical Reporter*.

VACCINATION OF NEW-BORN INFANTS.—M. E. Barthez read at a recent meeting of the Société Médicale des Hôpitaux de Paris, a memoir on the vaccination of new-born children. The question to be discussed was, *Is it proper to vaccinate infants a few days after birth?* The question is not new. It is one of the first which must have been asked in the practice of vaccination. It is, in fact, considered at length in the classical works which treat of that subject, and particularly in the works of M. Bousquet. According to this writer, one could not vaccinate too soon. However, this rule with him is obligatory only during an epidemic. Beyond this, says he, there is no inconvenience to postpone the vaccination until the second or third month, statistics showing that the smallpox is very rare before the sixth month. He considers three months as the best time for vaccination. It is the practice most generally adopted. However, the peculiar conditions in which children born in hospitals are placed, their being exposed more than anywhere else to contract variola, has induced some physicians to modify in this respect the general practice, and to vaccinate these children the first few days after birth. These early vaccinations have produced in some children accidents more or less serious, and in some cases even fatal.—*American Medical Times*.

GUN-SHOT WOUNDS PRODUCED DURING THE LOADING OF ARTILLERY.—Dr. Cortese relates (*Omodei Annali Univ. di Med.*) five cases, and gives the following summary of his observation. No other blow of a projectile imparts so great an amount of commotion to the entire limb, and the surgeon is therefore compelled to direct his attention to the whole extremity, whatever amount of lesion may be manifest in the hand. A neglect in this regard may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration, while a diminished power of reaction in the injured parts may give rise to purulent infection, or render amputation useless. When the hand is severely torn, its disarticulation and even the amputation of the forearm is insufficient to secure recovery, because the tissues are more or less destroyed in their intimate structure in consequence of concussion. In such cases, the arm should be amputated. The sooner amputation is performed, the greater is the probability of a favorable result. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When no fractures are detected in the diaphysis of the bone, some lesion in the ulnar articulation must be suspected. When the lesion does not seem severe enough to call at once for amputation, we must be prepared for secondary occurrences which will unfit the limb for its functions. Still, conservative treatment should in such cases be attempted.—*British and Foreign Medico-Chirurgical Review.*

DR. P. RANDALL, of Catlettsburgh, Greenup Co., Ky., is Surgeon, and Dr. Daniel Mayer, of Pomroy, Ohio, Assistant Surgeon, of the 5th Virginia Regiment Volunteers, U. S. Army, Col. John L. Zeigler commanding. The regiment is now stationed at Parkersburg, Wood Co., Virg., where it will probably remain till spring.

In the hospitals of Washington, Alexandria and Georgetown, on the 13th ult., there were 1,153 sick and wounded soldiers.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 28th, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	46	36	82
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	41.6	35.1	76.7
Average corrected to increased population,	85.55
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Pathisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
16	0	1	5	4	0	0	1	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending Dec. 14th.

Mean height of Barometer,	30.064	Highest point of Thermometer,	52.0
Highest point of Barometer,	30.354	Lowest point of Thermometer,	8.0
Lowest point of Barometer,	29.620	General direction of Wind,	W.
Mean Temperature,	35.5	Am't of Rain (inches),	0

MARRIED,—At West Cambridge, Dec. 23th, J. W. Willis, M.D., of Waltham, to Susan E. Rice, of West Cambridge.—In New Haven, Conn., 25th ult., Dr. J. W. Hyde, of Greenwich, to Mary Elizabeth Richardson.

DIED.—In Charleston, S. C., Nov. 30th, Stephen Griswold, M.D. (late Assistant Surgeon of the Thirty-eighth Regiment N. Y. State Militia), in the 38th year of his age, after a short illness from typhoid fever.

DEATHS IN BOSTON for the week ending Saturday noon, December 28th, 82. Males, 46—Females, 36.—Accident, 1—apoplexy, 2—congestion of the brain, 2—disease of the brain, 3—bronchitis, 2—consumption, 16—convulsions, 4—croup, 1—debility, 1—dropsy, 4—dropsy of the brain, 3—drowned, 1—epilepsy, 1—infantile diseases, 2—intermittent fever, 1—scarlet fever, 5—typhoid fever, 1—hemorrhage, 2—disease of the heart, 4—disease of the liver, 1—inflammation of the lungs, 4—marasmus, 3—old age, 1—paralysis, 1—pleurisy, 1—premature birth, 2—disease of the prostate gland, 1—puerperal disease, 1—sore throat, 2—suicide, 1—unknown, 3—whooping cough, 5.

Under 5 years of age, 30—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 52—Ireland, 24—other places, 6.